U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
E	C. BURD

Name John

1. File Number U- 17062

Caddick

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 009-675

Name Heat and Frost Insulators Local 17

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any						
Street 3850 S. Racine Avenue	Street 3850 S. Racine Avenue						
City Chicago	City Chicago						
State Illinois ZIP Code + 4 60609	State Illinois ZIP Code + 4 60609						
5. Position in labor organization. Business Agent							
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name	,						
Trade Name, if any:							
DOD BY B. W. Warr							
P.O. Box, Bldg., Room No., if any	7.b. Amount.						
Street							
City							
State ZIP Code + 4							
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed John M. Cadolick	On 8/11/05 (773) 247-8184 Telephone Number						
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C. Received from any employer or from any labor relations consultan	(other than an employer covered t to an employer any payment of m	under oney o	parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

12,b. Amount. N/A.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 417 I.H.F. +A.W.

Trade Name, if any: INSUIC 0

P.O. Box, Bldg., Room No., if any

Street 3850 SO. RACINE

city Chicago

State エム.

ZIP Code + 4 60609

11.a. Nature of such dealing.

9. Business deals with:

b. Trust

c. Employer

a. Labor Organization

Joint Appentiship TRUSTREMEETING

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INSU/CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2210 OAK LEAF ST.

City Jolie T

Stateエス

ZIP Code + 4 60436

11.b. Approximate dollar value of such dealing. 10000

12.a. Nature of interest held or income received.

N.A.

12.b. Amount. 10. A.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

John M. Caddick
Signature

August 11, 2005
Date